IPDR6702	00.100.10005			NORTH CAROLINA	1	PAGE	1	
RUN DATE:	03/07/2005			CHECKWRITE SUMMARY REPORT ECKWRITE DATE: 03/08/2005				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	5225	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		8800	114	FURTHER PROCESSING NECESSARY,	0	5346	5346	0
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				TOTAL IN U.				
		11	7	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404904		8599	1224	DETAIL NOT COVERED BY COMBINAT				
3404904	WESTERN HIGHLAN	0399	1224	ION OF RECIPIENT, PROVIDER AND				
	DS LME			BENEFIT PACKAGE.				
		11	484	CLIENT NOT ELIGIBLE ON SERVICE	51	2836	11808	8972
				DATE				
	1	1						
-	1	167	385	NO CHARGE BILLED. ENTER BILLED				
	1		-	AMOUNT AND SUBMIT DETAIL AS				
	1			A NEW CLAIM				
3404905	TREND COMM MENT	0	0	*** NO DATA TO REPORT ***				
	AL HLTH CTR							
	1	1						
		0	0		0	0	0	0
							·	·
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	
					U	U	U	- 0
3404910	PATHWAYS	8505	827	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		8599	266	DETAIL NOT COVERED BY COMBINAT	12	1737	5436	3699
		0333	200	ION OF RECIPIENT, PROVIDER AND	12	1/3/	5436	3699
				BENEFIT PACKAGE.				
		11	247	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404912	CATAWBA COUNTYM	8599	296	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0021	C0	NAMES AND ACTIVE TO DECEMBE				
	1	8931	69	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	86	508	1943	1435
-	1	1		AVIOLO IN IPRO.				
-	 							
		11	51	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404913	MECKLENBURG COM	11	3057	CLIENT NOT ELIGIBLE ON SERVICE				
- 101727		1		NOT DEFOTED ON SERVICE	1			
 				DATE				
	MECKLENBURG COM ENTAL HEALT			DATE				
		8599	129	DETAIL NOT COVERED BY COMBINAT	120	3527	5356	1829
		8599	129	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	120	3527	5356	1829
		8599	129	DETAIL NOT COVERED BY COMBINAT	120	3527	5356	1829
				DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SEMEFIT PACKAGE.	120	3527	5356	1829
		8599	129	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	120	3527	5356	1829
				DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE	120	3527	5356	1829
		8329	118	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	120	3527	5356	1829
3404916	ENTAL HEALT			DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA DETAIL NOT COVERED BY COMBINAT	120	3527	5356	1829
3404916	ENTAL HEALT	8329	118	DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	120	3527	5356	1829
3404916	ENTAL HEALT	8329	118	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA DETAIL NOT COVERED BY COMBINAT	120	3527	5356	1829
3404916	ENTAL HEALT	8329	118	DETAIL NOT COVERED BY COMBINAT ION OF PRCIPIENT, PROVIDER AND SENSFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DETAIL NOT COVERED BY COMBINAT ION OF PRCIPIENT, PROVIDER AND SENSFIT PACKAGE.	120			
3404916	ENTAL HEALT	8329	118	DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	120	3527	5356	1829
3404916	ENTAL HEALT	8329	118	DETAIL NOT COVERED BY COMBINAT ION OF PRCIPIENT, PROVIDER AND SENSFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DETAIL NOT COVERED BY COMBINAT ION OF PRCIPIENT, PROVIDER AND SENSFIT PACKAGE.	120			
3404916	ENTAL HEALT	8329 8599	99 67	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LUA DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM	120			
3404916	ENTAL HEALT	8329	118	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DIAGNOSIS OR SERVICE INVALID F	120			
3404916	ENTAL HEALT	8329 8599	99 67	DETAIL NOT COVERED BY COMBINAT TON OF PECTPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID,	120			
3404916	ENTAL HEALT	8329 8599	99 67	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DIAGNOSIS OR SERVICE INVALID F	120			

DDOUTES		HTOH BRIDE	www.nn				TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
				CLIENT NOT ELIGIBLE ON SERVICE				
8404917	CENTERPOINT HUM	11	194	DATE				
	AN SERVICES			DATE				
		8599	148	DETAIL NOT COVERED BY COMBINAT				
		0399	140	ION OF RECIPIENT, PROVIDER AND	10	571	2514	194
				BENEFIT PACKAGE.				
				DENTE I INCANOL.				
		21	103	DUPLICATE OF CLAIM-SYSTEM				
			103	DOI DIGITAL OF CHILIN DIGITAL				
3404918	ROCKINGHAM CO M	8599	97	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
	INTID HIMIDI			BENEFIT PACKAGE.				
		8935	32	ASTNC INELIGIBLE TO RECEIVE SE	37	216	1070	85
				RVICES IN IPRS.				
		11	32	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404919	GUILFORD CO MEN	8599	444	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	118	AMTNC INELIGIBLE TO RECEIVE SE	164	983	9135	815:
				RVICES IN IPRS.				
		10	89	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404920	ALAMANCE CASWEL	8505	1448	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		0500	225					
		8599	336	DETAIL NOT COVERED BY COMBINAT	21	1990	3945	195
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFIT PACKAGE.				
		4.0	0.5					
		10	95	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
				DIRGROSIS, PROCEDURE CODE FOR				
3404921		5312	3410	PRIOR AUTHORIZED DOLLARS EXCEE				
3404321	ORANGE PERSON C	3311	5410	DED				
	HATHAM AREA			515				
		8800	2010	FURTHER PROCESSING NECESSARY,	60	7963	10809	284
				PLEASE CHECK FOR CLAIM ON	00	7303	10003	204
				FUTURE RA'S.				
		8505	1290	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
	1	1						
	1	1						
			0000					
3404922	THE DURHAM CENT	8599	2232	DETAIL NOT COVERED BY COMBINAT				
3404922	THE DURHAM CENT	8599	2232	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
3404922		8599	2232					
3404922				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922		8599	990	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON	15	4312	22742	1843
3404922				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY	15	4312	22742	1843
3404922				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON	15	4312	22742	1843
3404922		8517	990	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	15	4312	22742	1843
3404922				TON OF RECIPIENT, PROVIDER AND SENSFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMMLIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT ID NUMBER NOT ON STATE	15	4312	22742	18431
3404922		8517	990	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	15	4312	22742	1843
3404922		8517	990	TON OF RECIPIENT, PROVIDER AND SENSFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMMLIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT ID NUMBER NOT ON STATE	15	4312	22742	18431
		8517	990	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON O FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	15	4312	22742	18431
3404922		8517	990	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS BENIED, SUBMITTED BEYON D FILING TIMELIMIT, JULY THROUGH APRIL DOS MUST BE SUBM CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE SEVERE DUPLICATE: SAME ATTD PR	15	4312	22742	1843
	ER	8517	990	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON O FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	15	4312	22742	1843
	ER VGFW AREA AUTHO	8517	990	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS BENIED, SUBMITTED BEYON D FILING TIMELIMIT, JULY THROUGH APRIL DOS MUST BE SUBM CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE SEVERE DUPLICATE: SAME ATTD PR	15	4312	22742	1843
	ER VGFW AREA AUTHO	8517 143 5404	990 301 336	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT, JULY THROUGH APRIL DOS MUST BE SUBM CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	15			
	ER VGFW AREA AUTHO	8517	990	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS BENIED, SUBMITTED BEYON D FILING TIMELIMIT, JULY THROUGH APRIL DOS MUST BE SUBM CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE SEVERE DUPLICATE: SAME ATTD PR	15	4312	22742	
	ER VGFW AREA AUTHO	8517 143 5404	990 301 336	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT, JULY THROUGH APRIL DOS MUST BE SUBM CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	15			
	ER VGFW AREA AUTHO	8517 143 5404	990 301 336	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT, JULY THROUGH APRIL DOS MUST BE SUBM CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	15			1843
	ER VGFW AREA AUTHO	8517 143 5404	990 301 336	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON O FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD DUPLICATE OF CLAIM-SYSTEM	0			
	ER VGFW AREA AUTHO	8517 143 5404	990 301 336	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELINIT, JULY THROUGH APRIL DOS MUST BE SUBM CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE SEVERE DUPLICATE: SAME ATTO PR OV/PCCOE/TOS/DOS/MOD DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT	15			
	ER VGFW AREA AUTHO	8517 143 5404	990 301 336	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON O FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD DUPLICATE OF CLAIM-SYSTEM	15			

							TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NOPIDEK	PROVIDER NAME	EOBS	DENTALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404925	SANDHILLS CENTE	8505	1989	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8599	1462	DUMANTA NOM COMPRED DV COMPANIA				
		0399	1402	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	155	6126	10759	4633
				BENEFIT PACKAGE.				
		11	1096	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404926		11	3498	CLIENT NOT ELIGIBLE ON SERVICE				
3404920	SOUTHEASTERN RE		3490	DATE				
	G MENTAL HL							
		8505	2418	CLAIM DENIED DUE TO INSUFFICIE	94	7067	11266	4199
				NT BUDGET				
		8599	531	DETAIL NOT COVERED BY COMBINAT				
		0333	331	ION OF RECIPIENT, PROVIDER AND				
	+		+	BENEFIT PACKAGE.				
			+					
3404927	CUMBERLAND CO M	8505	1316	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		9500	250	DETAIL NOT COURSED BY COURTER				
		8599	250	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	1998	6123	4125
				BENEFIT PACKAGE.				
		8800	121	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404929	LEE HARNETT MH/	8599	51	DETAIL NOT COVERED BY COMBINAT				
	DD/SAS			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFIT FACAGE:				
		11	42	CLIENT NOT ELIGIBLE ON SERVICE	0	190	4213	4023
				DATE		130	4213	4023
		8329	41	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS THE LMA				
				THE LMA				
3404930	JOHNSTON COUNTY	8931	5	AMTNC INELIGIBLE TO RECEIVE SE				
	MNTL HLTHC			RVICES IN IPRS.				
		8599	1	DETAIL NOT COVERED BY COMBINAT	5	6	40	34
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII FACAGE.				
3404931	WAKE CO HUM SVC	11	826	CLIENT NOT ELIGIBLE ON SERVICE				
	BILLING OF			DATE				
		8599	563	DETAIL NOT COVERED BY COMBINAT	77	1984	13983	11999
	-		+	ION OF RECIPIENT, PROVIDER AND RENEFIT PACKAGE.				
	+		+	BENEFIT PACKAGE.				
	+	21	159	DUPLICATE OF CLAIM-SYSTEM				
			+					
3404932	RANDOLPH/SANDHI	0	0	*** NO DATA TO REPORT ***				
	LLS CO MH C		+					
	+		+					
	+	0	0	+	0	0	0	
			+			0	0	
3404933	SOUTHEASTERN CT	8505	419	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
			4	1				
		8800	76	FURTHER PROCESSING NECESSARY,				
	+	3000		PLEASE CHECK FOR CLAIM ON	39	724	5497	4773
	+		+	FUTURE RA'S.				
			+					
		8599	50	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				

				1				
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER		EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NOI DEN	PROVIDER NAME	2020	DENTITED	DEGULERACION	DENIALS	DENIALS	FINALIZED	PAID
3404934	ONSLOW COUNTY B	8505	355	CLAIM DENIED DUE TO INSUFFICIE				
	EHAVIORAL H			NT BUDGET				
	ENAVIORAL N							
		8800	133	FURTHER PROCESSING NECESSARY,	3	709	2021	1312
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		21	47	DUPLICATE OF CLAIM-SYSTEM				
2424005				*** NO DATA TO REPORT ***				
3404935	WAYNE CO MENTAL	0	U	NO DATA TO REPORT				
	HEALTH CTR							
		0	0		0	0	0	0
						0	0	
3404936	WILSON-GREENE M	8505	355	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		21	111	DUPLICATE OF CLAIM-SYSTEM	46	619	2113	1494
		8599	35	DETAIL NOT COVERED BY COMBINAT				
	-			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404937	EDGECOMBE NASH	21	514	DUPLICATE OF CLAIM-SYSTEM				
	MNTL HLTH C							
		1						
 		8505	51	CLAIM DENIED DUE TO INSUFFICIE				
		6303	31	NT BUDGET	3	606	2410	1804
				NI BUDGET				
		191	18	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404938	VGFW DBA RIVERS	24	39	PROCEDURE CODE, PROCEDURE/MODI				
				FIER COMBINATION OR PROCEDURE				
-	TONE COUNSE			CODE/TYPE OF SERVICE COMBINATI				
	IONE COUNSE			CODE/TYPE OF SERVICE COMBINATI				
	TONE COUNSE	23	8		5	59	1525	1466
	TONE COUNSE	23	8	CODE/TYPE OF SERVICE COMBINATI	5	59	1525	1466
	TONE COUNSE	23	8	CODE/TYPE OF SERVICE COMBINATI	5	59	1525	1466
	TONE COUNSE		8	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L	5	59	1525	1466
	TONE COUNSE	23	8	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTD PR	5	59	1525	1466
	TORE COUNSE		8	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L	5	59	1525	1466
	1008 COURSE		8	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTD PR	5	59	1525	1466
		5404	8	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO FR OV/PCODE/TOS/DOS/MOD	5	59	1525	1466
3404939	NEUSE MENTAL HE		6	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTD PR OV/FCODE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE	5	59	1525	1466
3404939		5404	6	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO FR OV/PCODE/TOS/DOS/MOD	5	59	1525	1466
3404939	NEUSE MENTAL HE	5404	6	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTD PR OV/FCODE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE	5	59	1525	1466
3404939	NEUSE MENTAL HE	5404		CODE/TYPE OF SERVICE COMENNATI SERVICE REQUIRES PAIOR APPROVA L SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE DATE	5			
3404939	NEUSE MENTAL HE	5404	6 124	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO PR OV/PCOCE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT	5	59	1525	1466
3404939	NEUSE MENTAL HE	5404		CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO PR OV/FCCDE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE DATE GETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	5			
3404939	NEUSE MENTAL HE	5404		CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO PR OV/PCOCE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT	0			
3404939	NEUSE MENTAL HE	5404		CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO PR OV/FCCDE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE DATE GETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0			
3404939	NEUSE MENTAL HE	5404 11 8599	35	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO FR OV/PCODE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE BATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0			
3404939	NEUSE MENTAL HE	5404 11 8599	35	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO PR OV/FCODE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO CHARGE BILLED. ENTER BILLED	0			
3404939	NEUSE MENTAL HE	5404 11 8599	35	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO CHARGE BILLED, ENTER BILLED AMOUNT AND SUMMIT DETAIL AS	0			
	NEUSE MENTAL HE ALTH CENTER	5404 11 8599	35	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO CHARGE BILLED, ENTER BILLED AMOUNT AND SUMMIT DETAIL AS	0			
3404941	NEUSE MENTAL HE	5404 11 8599	35	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO PR OV/FCODE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO CHARGE BILLED, ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NAW CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0			
3404941	NEUSE MENTAL HE ALTH CENTER	5404 11 8599	35	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO FR OV/FCODE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AND CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM DETAIL NOT COVERED BY COMBINAT	0			
3404941	NEUSE MENTAL HE ALTH CENTER	5404 11 8599 167	35 15 560	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO FR OV/PCODE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO CHARGE BILLED, ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0			
3404941	NEUSE MENTAL HE ALTH CENTER	5404 11 8599	35	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO PR OV/FCODE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	208	1190	982
3404941	NEUSE MENTAL HE ALTH CENTER	5404 11 8599 167	35 15 560	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO FR OV/FOCOE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. A NEW CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS	0	208	1190	982
3404941	NEUSE MENTAL HE ALTH CENTER	5404 11 8599 167	35 15 560	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO PR OV/FCODE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	208	1190	982
3404941	NEUSE MENTAL HE ALTH CENTER	5404 11 8599 167 8599	35 15 560	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO PR OV/PCOCE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND DENEFIT PACKAGE. NO CHARGE BILLED, ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	0	208	1190	982
3404941	NEUSE MENTAL HE ALTH CENTER	5404 11 8599 167	35 15 560	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO FR OV/PCODE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE DATE OPETALL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO CHARGE BILLED, ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA CLIENT NOT ELIGIBLE ON SERVICE	0	208	1190	982
3404941	NEUSE MENTAL HE ALTH CENTER	5404 11 8599 167 8599	35 15 560	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO PR OV/PCOCE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND DENEFIT PACKAGE. NO CHARGE BILLED, ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	0	208	1190	982
3404941	NEUSE MENTAL HE ALTH CENTER	5404 11 8599 167 8599	35 15 560	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO FR OV/PCODE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE DATE OPETALL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO CHARGE BILLED, ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA CLIENT NOT ELIGIBLE ON SERVICE	0	208	1190	982
3404941	NEUSE MENTAL HE ALTH CENTER PITT CO MH/DD/S AS CENTER	5404 11 8599 167 8599	35 15 560 248	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE DATE GETAIL NOT COVERED BY COMBINAT ION OF RECTPIENT, PROVIDER AND BENEFIT PACKAGE. NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NAN CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECTPIENT, PROVIDER AND BENEFIT PACKAGE. CLEATM OF RECTPIENT, PROVIDER AND BENEFIT PACKAGE. CLEATM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA CLIENT NOT ELIGIBLE ON SERVICE DATE	0	208	1190	982
3404941	NEUSE MENTAL HE ALTH CENTER PITT CO MH/DD/S AS CENTER	5404 11 8599 167 8599	35 15 560	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO FR OV/PCODE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE DATE OPETALL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO CHARGE BILLED, ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA CLIENT NOT ELIGIBLE ON SERVICE	0	208	1190	982
3404941	NEUSE MENTAL HE ALTH CENTER PITT CO MH/DD/S AS CENTER	5404 11 8599 167 8599	35 15 560 248	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE DATE GETAIL NOT COVERED BY COMBINAT ION OF RECTPIENT, PROVIDER AND BENEFIT PACKAGE. NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NAN CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECTPIENT, PROVIDER AND BENEFIT PACKAGE. CLEATM OF RECTPIENT, PROVIDER AND BENEFIT PACKAGE. CLEATM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA CLIENT NOT ELIGIBLE ON SERVICE DATE	0	208	1190	982
3404941	NEUSE MENTAL HE ALTH CENTER PITT CO MH/DD/S AS CENTER	5404 11 8599 167 8599	35 15 560 248	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE DATE GETAIL NOT COVERED BY COMBINAT ION OF RECTPIENT, PROVIDER AND BENEFIT PACKAGE. NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NAN CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECTPIENT, PROVIDER AND BENEFIT PACKAGE. CLEATM OF RECTPIENT, PROVIDER AND BENEFIT PACKAGE. CLEATM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA CLIENT NOT ELIGIBLE ON SERVICE DATE	0	208	1190	982
3404941	NEUSE MENTAL HE ALTH CENTER PITT CO MH/DD/S AS CENTER	5404 11 8599 167 8599	35 15 560 248	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO FR OV/FOCOE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT TON OF PECIFIENT, PROVIDER AND BENEFIT PACKAGE. ANDUST AND SUBMIT DETAIL AS A NEW CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DETAIL OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM		1472	1190	7006
3404941	NEUSE MENTAL HE ALTH CENTER PITT CO MH/DD/S AS CENTER	5404 11 8599 167 8599	35 15 560 248	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO CHARGE BILLED, ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM	0 0 152	1472	1190	7006
3404941	NEUSE MENTAL HE ALTH CENTER PITT CO MH/DD/S AS CENTER	5404 11 8599 167 8599	35 15 560 248	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO FR OV/FOCOE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT TON OF PECIFIENT, PROVIDER AND BENEFIT PACKAGE. ANDUST AND SUBMIT DETAIL AS A NEW CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DETAIL OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM		1472	1190	7006
3404941	NEUSE MENTAL HE ALTH CENTER PITT CO MH/DD/S AS CENTER	5404 11 8599 167 8599	35 15 560 248	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO CHARGE BILLED, ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM		1472	1190	7006
3404941	NEUSE MENTAL HE ALTH CENTER PITT CO MH/DD/S AS CENTER	5404 11 8599 167 8599	35 15 560 248	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO PR OV/FCODE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE DATE GETAIL NOT COVERED BY COMBINAT ION OF RECTPIENT, PROVIDER AND BENEFIT PACKAGE. NO CHARGE BILLED, ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM GETAIL NOT COVERED BY COMBINAT ION OF RECTPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.		1472	1190	7006
3404941	NEUSE MENTAL HE ALTH CENTER PITT CO MH/DD/S AS CENTER	5404 11 8599 167 8599 8329 11 21	35 560 248 125	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO FR OV/FOCOE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.		1472	1190	7006
3404941	NEUSE MENTAL HE ALTH CENTER PITT CO MH/DD/S AS CENTER	5404 11 8599 167 8599 8329 11 21	35 560 248 125	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO FR OV/PCODE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO CHARGE BILLED, ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		1472	1190	7006
3404941	NEUSE MENTAL HE ALTH CENTER PITT CO MH/DD/S AS CENTER	5404 11 8599 167 8599 8329 11 21	35 560 248 125	CODE/TYPE OF SERVICE COMBINATI SERVICE REQUIRES PRIOR APPROVA L SEVERE DUPLICATE: SAME ATTO FR OV/FOCOE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.		1472	1190	7006

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	11	231	CLIENT NOT ELIGIBLE ON SERVICE				
3404343				DATE				
	L HEALTH CE			24122				
		191	60	CLIENT ID NUMBER DOES NOT MATC				
		191	60	H PATIENT NAME	53	474	3284	2810
				H PATIENT NAME				
		537	45	PROCEDURE IS NOT COVERED FOR T				
				HIS DATE OF SERVICE				
3404944	EASTPOINTE HUMA	8599	158	DETAIL NOT COVERED BY COMBINAT				
	N SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	142	CLAIM DENIED DUE TO INSUFFICIE	91	442	7908	7466
				NT BUDGET	32		1500	
		8931	42	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
				TYTOMO IN IIIO.				
3404946		11	179	CLIENT NOT ELIGIBLE ON SERVICE				
3404946	FOOTHILLS AREAM	11	1/9	DATE				
	ENTAL HEALT			DATE				
		8599	162	DETAIL NOT COVERED BY COMBINAT	0	427	774	347
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8621	52	60 RESIDENTIAL LEVEL III TREAT				
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404957	TIDELAND MENTAL	11	108	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
	HEALTH CTR		1					-
								-
		8599	56	DETAIL NOT COVERED BY COMBINAT	0			4071
				ION OF RECIPIENT, PROVIDER AND	0	165	1389	1224
				BENEFIT PACKAGE.		-		ļ
				DANIEL L. LINGUIGE.		-		ļ
		191		CLIENT ID NUMBER DOES NOT MATC				
		131	1					
				H PATIENT NAME				
3404979	NEW RIVER AREAM	8505	1050	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SA PRO			NT BUDGET				
		8800	461	FURTHER PROCESSING NECESSARY,	19	1726	2422	696
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
			1					-
	+	8599	111	DETAIL NOT COVERED BY COMBINAT				-
				ION OF RECIPIENT, PROVIDER AND				
			1	BENEFIT PACKAGE.				
		1	1	BENEFIT FACKAGE.	l	1	I .	1